

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2008 SEP 17 A 9:37

### 1. Person Making the Disbursements/Obligations

(a) Name **AMERICAN RIGHTS AT WORK**

(b) Address (number and street) ☐ check if different than previously reported  
**1100 17th Street, NW Suite 950**

(c) City, State and ZIP Code  
**Washington, DC 20036**

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

**C**

### 3. Is This Statement

☐ New  
or  
☒ Amended

### 4. Covering Period

**09/15/2008**  
through  
**09/21/2008**

5. (a) Date of Public Distribution(s) **09/15/2008** (b) Communication Title **See Saw - MN**

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐

### 8. Custodian of Records

(a) Name **KIMBERLY TAYLOR**

(b) Address (number and street)  
**1100 17th Street, NW Suite 950**

(c) City, State and ZIP Code  
**Washington, DC 20036**

(d) Name of Employer or Principal Place of Business

(e) Occupation

**American Rights at Work**

**Finance Officer**

### 9. Total Donations This Statement

**0.00**

### 10. Total Disbursements/Obligations This Statement

**166,950.00**

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

**Kimberly A. Freeman**

SIGNATURE

*Kimberly A. Freeman*

DATE

**09-16-08**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.